SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

DOCUMENT # P93000027590 (7)

1. Corporation Name

CARIBBEAN COURIER SYSTEMS, INC.

Principal Place of Business	Mailing Address
6180 HARDING ST ~~APT 10~~ HOLLYWOOD FL 33024 US	6180 HARDING ST ~~APT 10~~ HOLLYWOOD FL 33024 US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1993	08/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0396257	Not Applicable

Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent

VARGAS, INGRID L
400 SE 9 CT
APT 10
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Ingrid Vissette Vargas.*   7/31/96

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	VARGAS, INGRID L		1 2 NAME	
STREET ADDRESS	400 SE 9 CT #10		1 3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1 4 CITY-ST-ZIP	
TITLE	PVST	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	VARGAS, INGRID L		2 2 NAME	
STREET ADDRESS	400 SE 9 CT #10		2 3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ingrid Vissette Vargas.*   7/31/96   (954)986-6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #